



Civil Action No. 1:24-cv-01434-DCN

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* John Smiddy, Field Training Officer Program Supervisor,
was received by me on *(date)* October 1, 2024 Cuyahoga Metropolitan Housing Authority Police Department.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: Via U.S. Certified Mail Return Receipt Requested; see attached Domestic
Return Receipt

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 10/07/2024

/s/ David B. Malik

Server's signature

David B. Malik, Attorney

Printed name and title

31320 Solon Road, Unit 19, Solon, Ohio 44139

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: <i>John Sniddy, Chief Ranger c/o: Lorain County Motor Parks 12882 Diagonal Rd. La Grange, OH 44050</i></p> <p>2. Article Number (Transfer from service label) 7019 2970 0001 4203 1321</p>	<p>A. Signature <i>X Andrea Arriaga</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Andrea Arriaga</i></p> <p>C. Date of Delivery <i>10/1/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (00)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
<p>Certified Mail Fee \$ <i>3.15</i></p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ <i>2.80</i></p> <p><input type="checkbox"/> Return Receipt (electronic) \$ <i>0.00</i></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ <i>0.00</i></p> <p><input type="checkbox"/> Adult Signature Required \$ <i>0.00</i></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ <i>0.00</i></p> <p>Postage \$ <i>2.87</i></p> <p>Total Postage and Fees \$ <i>5.92</i></p> <p>Sent To <i>John Sniddy Lorain County Motor Parks</i></p> <p>Street and Apt. No. or PO Box No. <i>12882 Diagonal Rd.</i></p> <p>City, State, ZIP+4® <i>La Grange, OH 44050</i></p>	<p>Postmark Here</p> <p><i>SEP 25 2024</i></p>
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	